

Image# 12972451483

PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

| | | |
|---|---|--|
| 1. (a) Name of Candidate (in full) Robert T. Schilling | | |
| (b) Address (number and street) 367 Ave of The Cities | | <input type="checkbox"/> Check if address changed |
| (c) City, State, and ZIP Code East Moline IL 61244 | | 2. Candidate's FEC Identification Number HOIL17059 |
| 4. Party Affiliation REPUBLICAN PARTY | | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) |
| 5. Office Sought House | 6. State & District of Candidate IL 17 | |

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2012 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

| | | |
|---|--|--|
| (a) Name of Committee (in full) Bobby Schilling for Congress | | |
| (b) Address (number and street) 367 Avenue of The Cities Suite D | | |
| (c) City, State, and ZIP Code East Moline IL 61244 | | |

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

| | | |
|--|--|--|
| (a) Name of Committee (in full) Good To Great Victory Fund | | |
| (b) Address (number and street) 228 S. Washington St, Suite 115 | | |
| (c) City, State, and ZIP Code Alexandria VA 22314 | | |

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

| | |
|---|--------------------|
| Signature of Candidate Robert T. Schilling | Date 10/02/2012 |
| [Electronically Filed] | |

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|